



**2010-11 *After School Program In the Park*
at Lake Riley Lodge, Cobbs Hill Park
Norris Drive**

**PLEASE COMPLETE, SIGN, AND RETURN ALL THREE
REQUIRED FORMS IN THIS PACKET (seven pages total):**

- 1. Registration Form**
 - 2. Key Information, Responsibilities and Requirements
(***Includes important transportation information***)**
 - 3. Immunization Records**
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After School Program in the Park Registration Form

Participant's Name _____ Birth Date _____

Parent/Guardian Name _____

Address (include ZIP) _____ Home Phone _____

Employer _____ Work Phone _____ Cell _____

At the end of the day, my child may be picked up by one of the following:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

In an emergency, when parent or guardian cannot be reached, contact:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

The After School in the Park program is open to youth ages 6-13. Hours are 2-6:30 pm from Sept. 7th-June 24th at a cost of \$55 per week. Siblings may attend at \$45/week. A \$50 deposit is required to reserve space in the program. The deposit will be applied to the first weeks' tuition. Full payment must be received by September 1, 2010. Each week's payment will be required by the previous Friday.

SCHOOL BUS TRANSPORTATION DROP-OFF AT THE PROGRAM SITE IS POSSIBLE BUT MUST BE ARRANGED BY THE PARENT DIRECTLY WITH HIS/HER CHILD'S SCHOOL. SCHOOL BUS TRANSPORTATION IS NOT AVAILABLE FOR PICK-UP.

This program is available also during school recess weeks at \$115 per week; Mon.-Fri., 9-5 pm. Make checks payable to City Treasurer. Drop off or mail to 400 Dewey Ave., Rochester 14613.

In consideration of your accepting this After School Program registration, I intend to be hereby legally bound, for myself, my heirs, executors and administrators to waive and release any and all rights and claims or damages of any kind I may have against the City of Rochester, its representatives, successors and employees for any and all injuries which may be suffered by my child. If an accident occurs, I give my permission for emergency first aid treatment to be administered, or at the discretion of City staff, for my child to be taken to a hospital.

I deem that my child is capable of participating in this program. I have read and understand the regulations governing this program.

Parent/Guardian Signature _____ Date _____

City residents will be enrolled first. After all City resident applicants are enrolled, if additional openings are available, non-City residents will be enrolled at double the listed fees. For more information, please call 428-7371 or go to www.cityofrochester.gov/afterschoolprogram.

*The City of Rochester does not discriminate on the basis of handicap status
in its programs, activities or employment.*

After School Program in the Park

Key Information, Responsibilities and Requirements

Dear Parent/Guardian:

Welcome to the City of Rochester's After School Program in the Park. Our staff is looking forward to spending the school year with your child. Please read the important program information below. If you have any additional questions, please call 428-7371 Monday - Friday, 9 a.m.- 5 p.m.

1. **ELIGIBILITY:** This program is for city youth ages 6 to 13 (although non-city youth may attend at \$110 per should space be available) .
2. **DATES AND TIMES:** Monday through Friday from 2 to 6:30 p.m., from September 7, 2010 through June 24, 2011. It will also be offered during any recess or breaks throughout the school year, Monday through Friday, 9:00 AM to 5:00 PM.
3. **PROGRAM ELEMENTS:** Participants will be served a snack and a hot dinner, and will receive homework help and a wide variety of social and recreational activities.
4. **TRANSPORTATION:** **Parents must arrange transportation. *School bus transportation can be arranged for drop off only—and must be arranged by parents/guardians directly with the child's school. School bus transportation is NOT available to take youth home.*** Parents must notify the Center if they will be late to pick up their child. A late fee of \$1.00 will be charged for each minute that the child remains at the center past 6:30 p.m. If late pick ups become a chronic problem, you may be asked to remove your child from the program.
5. **COST AND PAYMENT:** Program cost is \$55 per week during the school year. For each additional sibling, the fee is \$45 per week. The fee is \$115 per week during school breaks during the school year. Payment must be made on the Friday before the week of attendance in order for your child to participate in the program. Parents must pay for one full week even if the child does not attend every day. FEES CANNOT BE PRO-RATED AND FEES ARE NON-REFUNDABLE. No credits will be given if a child is sick. Parents must notify us at 428-7371 if the child will be absent. There is Voice Mail for messages to be left if the facility is not open or staff is unavailable.
6. **MEDICATION:** If your child is on medication, we must be notified. The medication must be brought to the center in the original prescription bottle with the dosage directions clearly on the label. We can remind the child it is time for medication, but the child must administer the medication on his or her own with our supervision. Refrigeration is available if required.

7. **PERSONAL BELONGINGS:** Please have all personal belongings labeled with your child's name. A backpack is perfect to keep all belongings together.
8. **DAILY DEPARTURE:** Your child will remain at the site until the end of each day's program, and then depart only with a parent or designated adult or guardian. Information about all persons permitted to pick up your child must be provided on the registration form and to the site supervisor. Children will be allowed to walk home by themselves, only if a signed permission slip has been provided. A designated person will be required to sign out the child at the end of each day.
9. **EXPECTATIONS OF PARTICIPANTS:** Your child is expected to follow the rules of the After School Program and show proper respect toward other children and staff. For the enjoyment and safety of other participants, any child who is disruptive or becomes a disciplinary problem may be removed from the After School Program following a conference with the parent.

The After School Program would like to remind you that we need cooperation of staff, children and parents to assure continuation of quality programming. We ask that you sign this acknowledgment of the your requirements and responsibilities.

Signature _____ Date _____

After School Program in the Park Health & Immunization Record

Participant's Name: _____

Does your child have a history of the following: (please indicate "yes" or "no"):

Chronic ear infections _____	Diabetes _____	Chicken Pox _____
Rheumatic Fever _____	Mumps _____	Rubella _____
Convulsions _____	Asthma _____	Poison Ivy _____
Measles _____		

Please indicate "yes" or "no" to the following questions and list any additional information.

Is your child allergic to Penicillin? _____

Is your child allergic to any other drugs? _____

Does your child have any food allergies? _____

Has your child had any operations or serious illnesses? _____

Does your child have any chronic or recurring illnesses? _____

Are there any activities that your child should be encouraged to do? _____

Are there any activities that should be restricted for your child? _____

Does your child use any self-administered medications? _____

RECREATION PERSONNEL CANNOT ADMINISTER MEDICATIONS TO CHILDREN. IF YOUR CHILD IS TAKING MEDICATION REGULARLY, PLEASE BRING IT TO CAMP IN THE ORIGINAL PRESCRIPTION BOTTLE WITH DOSAGE INSTRUCTIONS. IT WILL BE KEPT IN A LOCKED CABINET, AND YOUR CHILD WILL BE REMINDED TO TAKE IT AT THE APPROPRIATE TIME.

Health Insurance Carrier: _____

Policy # : _____

Pediatrician's Name: _____ Phone: _____

Address: _____

Immunization Record

	<i>Dates</i>				
DPT Series	_____	_____	_____	_____	_____
OPV (Polio)	_____	_____	_____	_____	_____
MMR	_____	_____			
Measles	_____				
Rubella	_____				
Mumps	_____				
Hepatitis B	_____				
HIB	_____				
TINE	_____				
Haemophilus					
Influenza Type B	_____				
Varicella					
(Chicken Pox)	_____				
Tetanus Booster	_____				

Parent's/Guardian's Comments:

Parent/Guardian Signature _____ Date _____